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UNITED STATES DISTRICT COURT DISTRICT OF NEW JERSEY

AT 8:30____M WILLIAM T. WALSH, CLERK

James S. Scott Sr.	Complaint for Employment Discrimination
(In the space above enter the full name(s) of the plaintiff(s).)	Case No.
-against-	(to be filled in by the Clerk's Office)
A .	
Aflexander Mirabella	Jury Trial: ☐ Yes ☐ No
Raymond Becin-ParteD	(check one)
Christopher Monaham. S	uper 12'sor
(Write the full name of each defendant who is being sued. If	
the names of all the defendants cannot fit in the space above,	
please write "see attached" in the space and attach an	
additional page with the full list of names.)	

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Street Address City and County State and Zip Code

B. The Defendant(s)

Telephone Number

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1 Name Job or Title (if known) Street Address City and County State and Zip Code Telephone Number E-mail Address (if known)

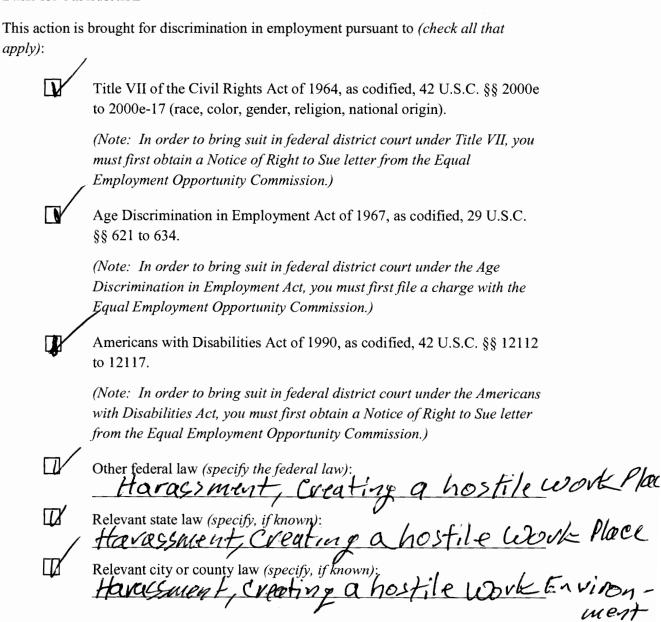
Defendant No. 2

Name Job or Title (if known) Street Address City and County

State and Zip Code 11. J. 07076 ext
Telephone Number 908 - 322 - 6100 - 315
E-mail Address
(if known)
Defendant No. 3
Name Kaymond Poevio
Job or Title Dir. OF Parks & New Peatron
(if known)
Street Address 730 Part Ale.
City and County Septem Plains
State and Zip Code No. 07076
Telephone Number 908-322-6700-4. 22
E-mail Address
(if known)
Defendant No. 4
Name Christopher Monahon Job or Title Facility Manager/Supervisor
Job or Title Facility Manager Supervisor
(if known)
Street Address 430 Park AVE-
City and County Scotch Pleins
State and Zip Code N.J. 07076
Telephone Number 908-322-6700 et. 321
E-mail Address
(if known)
Place of Employment
The address at which I sought employment or was employed by the defendant(s)
is: Scotch Plains Fownship
Name Tarres & Scatt St.
Street Address 430 Park Ave.
City and County Sporch Plains.
State and Zip Code Nat. 07076
Telephone Number 908-322 6700 ext 313
receptione Nutribles 100 JAN \$100 - TAN DID

C.

II. Basis for Jurisdiction



III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A.	The discriminatory conduct of which I complain in this action includes (check all that apply):		
		Failure to hire me.	
	닏	Termination of my employment.	
	\sqcup	Failure to promote me.	
		Failure to accommodate my disability.	
		Unequal terms and conditions of my employment.	
		Retaliation.	
	1	Other acts (specify): Havassment, Hostile Work Only those grounds raised in the charge filed with the Equal	
	-	yment Opportunity Commission can be considered by the federal	
	aisiric	t court under the federal employment discrimination statutes.)	
AUGUS I	It is my best r	ecollection that the alleged discriminatory acts occurred on date(s) ecember 4005, August-2015, September 201	
C.	I believe that	pelieve that defendant(s) (check one):	
	\Box	is/are still committing these acts against me.	
		is/are not still committing these acts against me.	
D.	Defendant(s)	discriminated against me based on my (check all that apply and	
	explain):		
	[H	race	
		color	
		gender/sex	
		religion	
		national origin	
		age. My year of birth is 3/14/4-7. (Give your year of birth	
		only if you are asserting a claim of age discrimination.)	
		disability or perceived disability (specify disability) 1-5 L-4-5-1 hemated in Loveer back	

E.	The facts of my case are as follows. Attach additional pages if needed.
	Municipal Manager Alexander Mirabella, and Director Or Parks and Recreation allowed Christopher Monahay to heras send create a hosfile en viornment egainst me even though Egrievances were written to them our how Twas being treated (Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)
Exha	ustion of Federal Administrative Remedies
A.	It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date) September 21, 2015, 6 01/08/16
B.	The Equal Employment Opportunity Commission (check one):
	issued a Notice of Right to Sue letter. issued a Notice of Right to Sue letter, which I received on (date) (Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)
C.	Only litigants alleging age discrimination must answer this question.
	Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):
	60 days or more have elapsed. less than 60 days have elapsed.

IV.

V. Relief

VI.

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

1950.000, I continue to Eee/apprehensive in the Company of Christopher Monaham and that upper management has not to this date addressed any of my grievances. Punitive to our clamages is because Christopher Monaham is the reason why I got ensured on 9/9/15 where I needed with medical attention.

Certification and Closing (Heet Exhaustion) Neglect

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where caserelated papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 9/3/2, 20/4

Signature of Plaintiff

Printed Name of Plaintiff

B.	For Attorneys	
	Date of signing:	_, 20/6
		Pro-Se James S. Scott
	Signature of Attorney	- Pro-Se James V. Stoll
	Printed Name of Attorney	James Scott
	Bar Number	
	Name of Law Firm	
	Address	
	Telephone Number	
	E-mail Address	